

U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

X. Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility component s:

XI. Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures:

Full decontamination unit, negative air machines, Hepa Vacuum, amended water, 6m printed asbestos bags 6m fire retardant and reinforce plastic, air testing at all times during the abatement project.

XII. Waste Transporter #1

Name: Dial Transport Inc
Address: PO BOX 20699
City: Staten Island State: NY Zip Code: 10302
Contact: Mr. Bill Telephone: (888)646-9903

Waste Transporter #2

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Contact: _____ Telephone: () _____

XIII. Waste Disposal

Name: Minerva Enterprises LLC
Address: 9000 Minerva Rd
City: Waynesburg State: NY Zip Code: 44688
Contact: _____ Telephone: (330) 866-3435

XIV. Emergency Demolition (complete Item XIV only if this project is an Emergency Demo.)

1. Attach a copy of the Order to this notice.
2. Name of Authority Issuing Order: _____
3. Authority of Order (Citation of Code): _____ Title: _____
4. Date of Order (MM/DD/YY): _____ Date Ordered to Begin: _____

XV. Emergency Renovation (Attach separate sheet with the following information if project is Emergency Renovation.)

1. Date and Hour of the Emergency: _____
2. Description of the Sudden, Unexpected Event: _____
3. Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden. _____

XVI. Description of procedures to be followed in the event that unexpected RACM is found or non-friable ACM becomes crumbled, pulverized, or reduced to powder.

XVII. I certify that an individual trained in the provisions of NESHAP (40 CFR PART 61, SUBPART M) will be on -site during the Demolition or Renovation, and evidence that the required training has been accomplished by this person will be available during normal business hours.

Signature of Owner/Operator Date Type or Print Name and Title

XVIII. I acknowledge the existence of laws prohibiting the submission of false or misleading statements, and I certify that facts contained in this notification are true, accurate, and complete.

[Signature] 4/03/2016 President
Signature of Owner/Operator Date Type or Print Name and Title